

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

09

FILING DATE

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	<del>1</del>	<del>1</del>		
3		1	<del>1</del>	<del>1</del>		
4		1	<del>1</del>	<del>1</del>		
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9		1	<del>1</del>	<del>1</del>		
10		1	<del>1</del>	<del>1</del>		
11		1	<del>1</del>	<del>1</del>		
12	1		<del>1</del>	<del>1</del>		
13		1	<del>1</del>	<del>1</del>		
14		1	<del>1</del>	<del>1</del>		
15		1	<del>1</del>	<del>1</del>		
16		1	<del>1</del>	<del>1</del>		
17		1	<del>1</del>	<del>1</del>		
18	1		1			
19		1		1		
20		1		1		
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TOTAL IND.	4	↓	3	↓		↓
TOTAL DEP.	26		21	↓		↓
TOTAL CLAIMS	30		24			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS